N O T I C E

WORKERS' COMPENSATION ACCIDENT REPORTING

You Have Workers' Compensation Insurance with THE HARTFORD

WHEN AN EMPLOYEE IS INJURED ON THE JOB, OR DOES NOT REPORT FOR WORK:

1. **Inquire as to cause of absence, if unknown.**

2. **If employee is injured on the job, or, if absence may be due to injury or illness related to employment:**

   a. **Provide proper medical attention.**

   b. **Complete the Employer's First Report of Injury or Disease form in duplicate at once. This form can be obtained from the following website: dwd.wisconsin.gov/dwd/forms/wkc/WKC_12_E.htm.**

   c. **Mail original immediately to:**

      Twin City Fire Insurance Company
      4245 Meridian Parkway
      Aurora IL 60504

   d. **If employee is, or will be, off work more than three days, mail copy to:**

      Department Of Workforce Development
      Workers' Compensation Division
      P.O. Box 7901
      Madison, Wisconsin 53707-7901